

# Use of a **CeraPlus™ Skin Barrier** with Remois Technology\*



## Case Study 13

### Abstract

There is a high incidence of peristomal skin complications, with more than half of all people living with an ostomy experiencing a peristomal skin issue at some point in their lifetime<sup>1</sup>. The types of complications, the reasons for them, and the solutions used to treat them can vary widely. For clinicians, managing these peristomal skin complications takes time and effort. For patients, sore peristomal skin can have a huge impact on their quality of life. Peristomal skin complications are the most common post-operative complication following creation of a stoma<sup>2</sup>. One such story will be shared in this case study.

### Aim

To visibly improve and maintain peristomal skin integrity by finding a suitable skin barrier formulation for the patient, and ensuring a proper skin barrier fit around the stoma.

### Patient Overview

The patient is a 53 year old male who is an active self-employed business man. He was admitted to the hospital after a new diagnosis of diverticulitis and discharged home with antibiotics. He was scheduled to return for a low anterior resection (LAR) but the surgery resulted in a LAR and temporary diverting loop ileostomy. He received five days of ostomy instruction from the WOC nurse in the hospital who saw him daily. He was sent home with a two-piece extended wear cut-to-fit flat skin barrier and drainable pouch with integrated closure. He requested to be seen by home care services for routine changes of his pouching system.

On the initial home visit he was using the two piece pouching system he received in the hospital. His abdomen was firm and round with a healing midline incision. The two openings along the incision were draining a moderate amount of serosanguinous drainage. A hydrofiber dressing was applied to the wounds and they healed in 10 days.

His stoma opening was centered and pointed straight out. He was getting a three to four day wear time with his pouching system. The patient would empty his pouch but wanted "nothing to do with" changing the pouching system. The current pouching system was continued and changed twice weekly by the WOC nurse. He eventually returned to working and attending family functions.

### Problem

On a routine pouching system change the WOC nurse noted peristomal skin irritation along the mucocutaneous junction from five-ten o'clock (**Photo 1**). The skin was reddened and moist with scant blistering. The patient complained of itching. The stoma was noted to retract to skin level with peristalsis. The back of the skin barrier had stool undermining at opening of skin barrier.



**Photo 1** Peristomal skin irritation along the mucocutaneous junction.



**Photo 2** Peristomal skin after three weeks.

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### Interventions

In order to manage the retraction with peristalsis, the pouching system was switched from a two-piece extended wear cut-to-fit flat skin barrier to a two-piece **CeraPlus** cut-to-fit convex skin barrier.

### Outcomes

Three weeks after switching to the **CeraPlus** skin barrier the skin irritation was almost completely visibly improved and the patient no longer complained of itching (Photo 2). The patient continued to empty the drainable pouch independently but still refused to change the pouching system.

### Conclusion

Many people with ostomies experience peristomal skin issues and accept them as a normal aspect of having a stoma<sup>3</sup>. Achieving a good fit around the stoma and preventing leakage as a means of mitigating skin irritation is important. The formulation of a skin barrier also has an impact on the health of the peristomal skin. Finding the right combination of skin barrier formulation, and skin barrier fit is essential to maintaining a healthy peristomal skin environment.

### References:

1. Richbourg L, Thorpe J, Rapp C. *Difficulties experienced by the ostomate after hospital discharge*. J Wound Ostomy Continence Nurs. 34(1):70. 2007.
2. Meisner S, Lehur P-A, Moran B, Martins L, Jemec GBE. *Peristomal Skin Complications Are Common, Expensive, and Difficult to Manage: A Population Based Cost Modeling Study*. PLoS ONE. 2012; 7(5): e37813.
3. Whiteley IA and Sinclair G A *Review of Peristomal Skin Complications Following the Formation of an Ileostomy, Colectomy or Ileal Conduit*. World council of Enterostomal Therapists Journal, 2010; 30(3) p. 23-29.

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*This case study represents one nurse's experience in using a two-piece CeraPlus cut-to-fit convex skin barrier with a specific patient and may not necessarily be replicated.*



\*Remois is a technology of Alcare Co., Ltd.

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